

Atty. Docket No.

THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Robin H. Gustin et al.)

Appln. No.: 09/113,913

July 10, 1998 Filed:

AUTOMATED DOCUMENT Title:

CASHING SYSTEM

Group

Art Unit:

Examiner:

CERTIFICATE OF MAILING

I hereby certify that this paper is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner of Patents and Trademarks, Washington, D.C.

20231, on this date.

04/15/99

Registration No. 27,635 Attorney for Applicants

PRELIMINARY AMENDMENT

Assistant Commissioner for Patents Washington, D.C. 20231

Sir:

Applicants respectfully request that the aforementioned application be amended as follows:

IN THE CLAIMS:

- (Amended)\ A machine in accordance with Claim 1 further comprising[:]\a MICR reader for reading a MICR amount [line] field on the document and comparing the amount entered by the user to the amount read by the MICR reader.
- A machine in accordance with Claim 1 (Amended) further comprising[:] an endorsement validator for interpreting an endorsement area of the stored image of the document to

\$0500339 050001 00500339 05000360

OTP E VC 9

Attorney Docket No. 62561 Date: April 15, 1999

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

A 111 1111	ONTIED SINIES ENIENT W	D TIGHDHIMAN OFFICE
Applicant(s):	Robin H. Gustin et al.) CERTIFICATE OF MAILING
Application No.:	09/113,913) I hereby certify that this paper is being
Filed:	July 10, 1998	deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner of Patents and Trademarks,
For:	AUTOMATED DOCUMENT CASHING SYSTEM	Washington, D.C. 20231, on this date.
7) 04/15/99 Kobert J. Joy
Group Art Unit:	k -) Date Registration No. 1,27,635
Examiner:		Attorney for Applicant(s) APR R COUP
	tents and Trademarks ant Commissioner for Pate 20231	N A
Sir:		7
Transmitted herew application.	ith is an amendment/r	eply in the above-identified

() A paper requesting correction/substitution of drawings is attached.

() No additional fee is required.

Fee Calculation For Claims As Amended

	As Amended	Previous Paid Fo		resent Extra		Rate		Additional Fee
Independent Claims	_20	- <u>17</u>	** = _	3	x	\$ 78.00	=	\$ 234.00
Total Claims	102	- 90	* = _	12	x	\$ 18.00	=	\$ 216.00
Fee for Multiply De	pendent C	laims				\$260.00		\$
** At least 3			Tota	al Add	itio	onal Fee		\$ 450.00
(X) Small Entity Fee (reduced by half)				\$ 225.00				
(X) A check in the amount of \$_225.00 is attached.								

() Charge \$_____ to Deposit Account No. 06-1135.

(X) The Commissioner is hereby authorized to charge any additional fees which may be required in this application under 37 C.F.R. §§1.16-1.17 during its entire pendency, or credit any overpayment, to Deposit Account No. 06-1135. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1135. A duplicate copy of this sheet is enclosed.

}	
LaSalle	Street
llinois	60603-3406
(312)	577-7000
(312)	577-7007
	LaSalle Ilinois (312)

FITCH, EVEN, TABIN & FLANNERY

By:	Kober 1	. For	
-	Robert J. Fox		
Regi	istration No	27,635	